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CONFIRMATION NO. 8020

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|-----------------------------|---------------------------------------|--------------|------------------------|------------------------|
| SERIAL NUMBER 09/642,312 | FILING DATE 08/21/2000 RULE | CLASS 370 | GROUP ART UNIT 2662 | ATTORNEY DOCKET NO. |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------|

APPLICANTS

William H. Thompson, Pittsford, NY;

 ** CONTINUING DATA *yes (SI)* *****

This application is a CIP of 09/114,021 07/10/1998 PAT 6,108,331

 ** FOREIGN APPLICATIONS *none (SI)* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 10/10/2000

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|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY NY | SHEETS DRAWING 9 | TOTAL CLAIMS 29 | INDEPENDENT CLAIMS 5 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature <i>SR</i> | Initials | | |

ADDRESS

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 14605

TITLE

Wireless device connection in single medium wiring scheme for multiple signal distribution in building and access port therefor

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|-----------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FILING FEE RECEIVED 504 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees |
| | | <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |